

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029842

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6977

STATE FILE NUMBER

FILED JUL 19 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
18 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Luke's Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Miss. b. COUNTY Jackson

c. CITY OR TOWN Moss Point Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Old Slag Road
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
JOE ERVIN DAVIS

4. DATE OF DEATH
Month Day Year
July 5, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10/19/15

9. AGE (last birthday)
47

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Millwright Foreman

10b. KIND OF BUSINESS OR INDUSTRY

International Paper Morrisport, La. USA

13a. FATHER'S NAME

Leonard Davis

13b. MOTHER'S MAIDEN NAME

Mary Beauregard

14. NAME OF HUSBAND OR WIFE

Oletta Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)
Yes W.W.II

16. SOCIAL SECURITY NO.

191 Oletta Davis-Moss Point, Miss.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Subdural hemorrhage with cavity formation as a result of degeneration of brain tissues; Contib.

cause fracture of the skull; suffered in fall from

Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.

Hospital window in Litchfield, Illinois on or about June 17th, 1963. Whether accidental or Suicidal

DUE TO (c) Could not be determined.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Open Verdict

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
Open Verdict

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
See Above

20c. TIME OF INJURY
Hour Month, Day, Year
? a.m. 6-17-63 p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Hospital

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Litchfield, Illinois

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 2:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Joseph Ervin Davis

22b. ADDRESS
1300 Clark

22c. DATE SIGNED
7-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7/8/63

23c. NAME OF CEMETERY OR CREMATORY
Moss Point Cemetery

23d. LOCATION (City, town, or county) (State)
Moss Point, Mississippi

24. FUNERAL DIRECTOR
404 E. Union

Ross Funeral Home-Litchfield, Ill.

25. DATE RECD. BY LOCAL REG.
JUL 5 1963

26. REGISTRAR'S SIGNATURE
Road Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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81-3

81

or by.

John J. Kresby III

Student Embalmer No. _____

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

John J. Kassly III

Licensed Embalmer No. 5039

P.O. Address

Cast. Sr. Luis, Xce

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.